CLAIMS

1. (Currently Amended) A prosthesis for implanting in an upper stomach to prevent gastric reflux in an esophagus comprising a tube made of a biocompatible polymer that is resistant to gastric acid, the tube having an upper end and a lower end, a length, and a ~~generally~~ constant ~~sectional~~ diameter along the entire length thereof from the upper end to the lower end, the upper end having means for securing to the upper opening of the stomach, the lower end having at least one slit to facilitate inversion of the tube during a high pressure vomiting event but to facilitate collapsing of the tube under a level of lateral pressure generated by gastric reflux.

2. (Previously Presented) The prosthesis of claim 1 having one to eight slits.

3. (Previously Presented) The prosthesis of claim 1 having two slits.

4. (Previously Presented) The prosthesis of claim 1 wherein the tube has a generally constant sectional diameter along the entire length thereof from the upper end to the lower end.

5. (Previously Presented) The prosthesis of claim 1 wherein the one or more slits have a length of at least one third of the length of the tube from the lower end toward the upper end.

6. (Previously Presented) The prosthesis of claim 1 wherein the one or more slits have a length of between 66% and 95% of the length of the tube.

7. (Previously Presented) The prosthesis of claim 1 wherein the biocompatible polymer is medical grade polyurethane, silicone, or polystyrene-ethylene (PSE).

8. (Previously Presented) The prosthesis of claim 1 having a length from upper end to lower end of about 2 to 10 cm.

9. (Previously Presented) The prosthesis of claim 1 wherein the means for securing to the upper opening of the stomach is a set of at least three clips.

10. (Currently Amended) A method of preventing gastric reflux in a patient comprising implanting a prosthesis comprising a tube having an upper end and a lower end, a length, and a ~~generally~~ constant ~~sectional~~ diameter along the entire length thereof by securing the upper opening of the patient's upper stomach and allowing the lower end to hang in the upper stomach, the tube having at least one slit at the lower end and adapted to collapse under a level of lateral pressure generated by gastric reflux from the stomach, invert during a high level of lateral

pressure generated by vomiting so as to permit vomit to exit, and upon reduction of pressure at the completion of the vomiting, the tube to return to the pre-vomiting position.

11. (Previously Presented) The method of claim 10 comprising providing the tube with between 1 and 8 slits.

12. (Previously Presented) The method of claim 10 comprising providing the tube with 2 slits.

13. (Previously Presented) The method of claim 10 wherein the one or more slits have a length of about one third the length of the tube.